

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Ostrander For Congress

ADDRESS (number and street)

PO Box 1105

Check if different
than previously
reported. (ACC)

San Luis Obispo

CA

93406

2. FEC IDENTIFICATION NUMBER ▼

C

C00575696

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

CA

24

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

05

D D /

19

Y Y Y Y /

2016

through

M M /

06

D D /

30

Y Y Y Y /

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Joni Marie Martinez

Signature of Treasurer

Joni Marie Martinez

[Electronically Filed]

Date

M M /

07

D D /

14

Y Y Y Y /

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Ostrander For Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	4735.83	47105.27
(b) Total Contribution Refunds (from Line 20(d))	188.62	188.62
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	4547.21	46916.65
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	8541.34	67559.69
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	8541.34	67559.69
8. Cash on Hand at Close of Reporting Period (from Line 27).....	358.13	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	21000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

PAGE 3 / 44

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Ostrander For Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	6

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

4580.83

40692.43

(ii) Unitemized.....

155.00

5912.84

(iii) TOTAL of contributions from individuals ▶

4735.83

46605.27

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

500.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

4735.83

47105.27

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

4550.00

21000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

4550.00

21000.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.28

1.17

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

9286.11

68106.44

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 44

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	8541.34	67559.69
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	188.62	188.62
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	188.62	188.62
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	8729.96	67748.31

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	-198.02
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	9286.11
25. SUBTOTAL (add Line 23 and Line 24).....	9088.09
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	8729.96
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	358.13

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 44

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Ostrander For Congress

Full Name (Last, First, Middle Initial)

ActBlue

A.

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

712.95

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		22		2016

Transaction ID : SA11AI.4910

Amount of Each Receipt this Period

180.01

☐ Memo Item

Total earmarked through conduit: PAC limit not affected

Full Name (Last, First, Middle Initial)

ActBlue

B.

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

712.95

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		29		2016

Transaction ID : SA11AI.4911

Amount of Each Receipt this Period

179.95

☐ Memo Item

Total earmarked through conduit: PAC limit not affected

Full Name (Last, First, Middle Initial)

ActBlue

C.

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

712.95

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		05		2016

Transaction ID : SA11AI.4912

Amount of Each Receipt this Period

59.49

☐ Memo Item

Total earmarked through conduit: PAC limit not affected

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

419.45

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 44

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Ostrander For Congress

Full Name (Last, First, Middle Initial)

ActBlue

A.

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

712.95

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		07		2016

Transaction ID : SA11AI.4913

Amount of Each Receipt this Period

3.22

☐ Memo Item

Total earmarked through conduit: PAC limit not affected

Full Name (Last, First, Middle Initial)

ActBlue

B.

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

712.95

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		12		2016

Transaction ID : SA11AI.4914

Amount of Each Receipt this Period

4.66

☐ Memo Item

Total earmarked through conduit: PAC limit not affected

Full Name (Last, First, Middle Initial)

ActBlue

C.

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

712.95

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		19		2016

Transaction ID : SA11AI.4915

Amount of Each Receipt this Period

9.86

☐ Memo Item

Total earmarked through conduit: PAC limit not affected

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

17.74

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 44

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Ostrander For Congress

Full Name (Last, First, Middle Initial)

A. ActBlue

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

712.95

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		26		2016

Transaction ID : SA11AI.4916

Amount of Each Receipt this Period

5.64

☐ Memo Item

Total earmarked through conduit: PAC limit not affected

Full Name (Last, First, Middle Initial)

B. Scott Allan

Mailing Address PO Box 5326

City

Lompoc

State

CA

Zip Code

93437

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

DoD

Analyst

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		31		2016

Transaction ID : SA11AI.4868

Amount of Each Receipt this Period

27.00

☒ Memo Item

Paid through NationBuilder

Full Name (Last, First, Middle Initial)

C. Rita Barker

Mailing Address 1416 17th Street

City

Los Osos

State

CA

Zip Code

93402

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		29		2016

Transaction ID : SA11AI.4858

Amount of Each Receipt this Period

100.00

☒ Memo Item

Paid through NationBuilder

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5.64

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 8 OF 44

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Ostrander For Congress

Full Name (Last, First, Middle Initial)

A. Jorgia Bordofsky

Mailing Address 115 E. Pedregosa

City

Santa Barbara

State

CA

Zip Code

93101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		25		2016

Transaction ID : SA11AI.4851

Amount of Each Receipt this Period

200.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Tom Comar

Mailing Address 5525 Cascabel Rd.

City

Atascadero

State

CA

Zip Code

93422

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		24		2016

Transaction ID : SA11AI.4845

Amount of Each Receipt this Period

50.00

☒ Memo Item
Paid through NationBuilder

Full Name (Last, First, Middle Initial)

C. Larry Farwell

Mailing Address 2476 San Marcos Pass Rd.

City

Santa Barbara

State

CA

Zip Code

93105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		03		2016

Transaction ID : SA11AI.4876

Amount of Each Receipt this Period

50.00

☒ Memo Item
Paid through NationBuilder

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

200.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 OF 44

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Ostrander For Congress

Full Name (Last, First, Middle Initial)

Calvin Fernandes

Mailing Address 5319 Honda Ave. Apt. A

City

Atascadero

State

CA

Zip Code

93422

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Engineer

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

50.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2016

Transaction ID : SA11AI.4847

Amount of Each Receipt this Period

25.00

☒ Memo Item

Paid through NationBuilder

Full Name (Last, First, Middle Initial)

Michael Freeston

Mailing Address 7068 Scripps Cres

City

Goleta

State

CA

Zip Code

93117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2016

Transaction ID : SA11AI.4897

Amount of Each Receipt this Period

50.00

☒ Memo Item

Paid through NationBuilder

Full Name (Last, First, Middle Initial)

Joe Giral

Mailing Address 2460 Mona Lei Ct.

City

Oceano

State

CA

Zip Code

93445

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

LetterBank Signs

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2016

Transaction ID : SA11AI.4848

Amount of Each Receipt this Period

25.00

☒ Memo Item

Paid through NationBuilder

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 44

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Ostrander For Congress

Full Name (Last, First, Middle Initial)

Patricia Golden

Mailing Address 869 Alyssum Court

City

San Luis Obispo

State

CA

Zip Code

93401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

50.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		01		2016

Transaction ID : SA11AI.4872

Amount of Each Receipt this Period

25.00

☒ Memo Item

Paid through NationBuilder

Full Name (Last, First, Middle Initial)

Patricia Golden

Mailing Address 869 Alyssum Court

City

San Luis Obispo

State

CA

Zip Code

93401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

75.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		29		2016

Transaction ID : SA11AI.4903

Amount of Each Receipt this Period

25.00

☒ Memo Item

Paid through NationBuilder

Full Name (Last, First, Middle Initial)

Keith Gordon

Mailing Address 350 5th Ave.

City

New York

State

NY

Zip Code

10118

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Film Maker

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

25.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		04		2016

Transaction ID : SA11AI.4883

Amount of Each Receipt this Period

25.00

☒ Memo Item

Paid through NationBuilder

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 44

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Ostrander For Congress

Full Name (Last, First, Middle Initial)

A. Barbara Graper

Mailing Address PO Box 962

City

Templeton

State

CA

Zip Code

93465

FEC ID number of contributing
federal political committee.

C

Name of Employer
n/aOccupation
n/a

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		05		2016

Transaction ID : SA11AI.4886

Amount of Each Receipt this Period

50.00

☒ Memo Item

Paid through NationBuilder

Full Name (Last, First, Middle Initial)

B. Henriette Groot

Mailing Address 1940 Tapidero Ave.

City

Los Osos

State

CA

Zip Code

93402

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		25		2016

Transaction ID : SA11AI.4899

Amount of Each Receipt this Period

25.00

☒ Memo Item

Paid through NationBuilder

Full Name (Last, First, Middle Initial)

C. Marcia Guthrie

Mailing Address 112 Frances Way

City

Pismo Beach

State

CA

Zip Code

93449

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Realtor

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		05		2016

Transaction ID : SA11AI.4887

Amount of Each Receipt this Period

50.00

☒ Memo Item

Paid through NationBuilder

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 44

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Ostrander For Congress

Full Name (Last, First, Middle Initial)

Donna Helete

A.

Mailing Address 1677 Encino Ct.

City

San Luis Obispo

State

CA

Zip Code

93401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Global Village SchoolOccupation
Consultant

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		31		2016

Transaction ID : SA11AI.4870

Amount of Each Receipt this Period

50.00

☒ Memo Item
 Paid through NationBuilder

Full Name (Last, First, Middle Initial)

Tony Hoffman

B.

Mailing Address 2348 Sendero St.

City

San Luis Obispo

State

CA

Zip Code

93401

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
n/a

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		21		2016

Transaction ID : SA11AI.4838

Amount of Each Receipt this Period

150.00

☐ Memo Item
 Contribution

Full Name (Last, First, Middle Initial)

Melanie Hopkins

C.

Mailing Address 929 Scenic Highway

City

Lookout Mountain

State

TN

Zip Code

37350

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Farmer

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		23		2016

Transaction ID : SA11AI.4842

Amount of Each Receipt this Period

100.00

☒ Memo Item
 Paid through ActBlue

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

150.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 13 OF 44

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Ostrander For Congress

Full Name (Last, First, Middle Initial)

A. Judy Hornaday

Mailing Address 32 Las Praderas Dr.

City

San Luis Obispo

State

CA

Zip Code

93401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2016

Transaction ID : SA11AI.4884

Amount of Each Receipt this Period

25.00

☒ Memo Item

Paid through NationBuilder

Full Name (Last, First, Middle Initial)

B. Lizabeth Horton

Mailing Address 8325 Sierra Vista Rd.

City

Atascadero

State

CA

Zip Code

93422

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2016

Transaction ID : SA11AI.4901

Amount of Each Receipt this Period

200.00

☒ Memo Item

Paid through NationBuilder

Full Name (Last, First, Middle Initial)

C. Todd Isaacson

Mailing Address 809 S. Gretna Green Way

City

Los Angeles

State

CA

Zip Code

90049

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Pathmatics

Vice President Strategic Sales

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

Transaction ID : SA11AI.4878

Amount of Each Receipt this Period

150.00

☒ Memo Item

Paid through NationBuilder

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 44
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Ostrander For Congress

A. Full Name (Last, First, Middle Initial) Barbara Dianne Jackson		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 06 / 2016	
Mailing Address 5472 Bolsa Rd.		Transaction ID : SA11AI.4890	
City Atascadero	State CA	Zip Code 93422	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Contribution	
Name of Employer Retired	Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1030.00		
B. Full Name (Last, First, Middle Initial) Norm Jackson		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 06 / 2016	
Mailing Address 5472 Bolsa Rd.		Transaction ID : SA11AI.4891	
City Atascadero	State CA	Zip Code 93422	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Contribution	
Name of Employer Retired	Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 225.00		
C. Full Name (Last, First, Middle Initial) Thomas Keough		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 31 / 2016	
Mailing Address PO Box 3357		Transaction ID : SA11AI.4867	
City San Luis Obispo	State CA	Zip Code 93403	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item Paid through NationBuilder	
Name of Employer Retired	Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		
SUBTOTAL of Receipts This Page (optional).....		300.00	
TOTAL This Period (last page this line number only).....			

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 15 OF 44

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Ostrander For Congress

Full Name (Last, First, Middle Initial)

John Lyddon

Mailing Address 5245 Gladewood Pl

City

Santa Maria

State

CA

Zip Code

93455

FEC ID number of contributing
federal political committee.

C

Name of Employer

SBCEO

Occupation

Substitute Teacher

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		02		2016

Transaction ID : SA11AI.4873

Amount of Each Receipt this Period

100.00

☒ Memo Item

Paid through NationBuilder

Full Name (Last, First, Middle Initial)

Parsa Nafisi

Mailing Address 525 Nelson Rising Lane
Apt. 312

City

San Francisco

State

CA

Zip Code

94258

FEC ID number of contributing
federal political committee.

C

Name of Employer

n/a

Occupation

Student

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

15.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		24		2016

Transaction ID : SA11AI.4850

Amount of Each Receipt this Period

15.00

☒ Memo Item

Paid through NationBuilder

Full Name (Last, First, Middle Initial)

NationBuilder

Mailing Address 520 S. Grand Ave.

City

Los Angeles

State

CA

Zip Code

90071

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

10470.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		19		2016

Transaction ID : SA11AI.4905

Amount of Each Receipt this Period

500.00

☐ Memo Item

Total earmarked through conduit: PAC limit not affected

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 16 OF 44

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Ostrander For Congress

Full Name (Last, First, Middle Initial)

NationBuilder

Mailing Address 520 S. Grand Ave.

City

Los Angeles

State

CA

Zip Code

90071

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

10470.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		02		2016

Transaction ID : SA11AI.4907

Amount of Each Receipt this Period

391.00

☐ Memo Item

Total earmarked through conduit: PAC limit not affected

Full Name (Last, First, Middle Initial)

NationBuilder

Mailing Address 520 S. Grand Ave.

City

Los Angeles

State

CA

Zip Code

90071

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

10470.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		09		2016

Transaction ID : SA11AI.4908

Amount of Each Receipt this Period

2177.00

☐ Memo Item

Total earmarked through conduit: PAC limit not affected

Full Name (Last, First, Middle Initial)

NationBuilder

Mailing Address 520 S. Grand Ave.

City

Los Angeles

State

CA

Zip Code

90071

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

10470.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2016

Transaction ID : SA11AI.4909

Amount of Each Receipt this Period

300.00

☐ Memo Item

Total earmarked through conduit: PAC limit not affected

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2868.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 17 OF 44

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Ostrander For Congress

Full Name (Last, First, Middle Initial)

Alexandra Paul

Mailing Address PO Box 1544

City

Pacific Palisades

State

CA

Zip Code

90272

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Actress/Coach

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		04		2016

Transaction ID : SA11AI.4879

Amount of Each Receipt this Period

500.00

☒ Memo Item

Paid through NationBuilder

Full Name (Last, First, Middle Initial)

Paypal

Mailing Address 2211 N 1st Street

City

San Jose

State

CA

Zip Code

95131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

310.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		02		2016

Transaction ID : SA11AI.4918

Amount of Each Receipt this Period

20.00

☐ Memo Item

Total earmarked through conduit: PAC limit not affected

Full Name (Last, First, Middle Initial)

Kim Pendleton

Mailing Address 585 Via Mira Valle

City

Nipomo

State

CA

Zip Code

93444

FEC ID number of contributing
federal political committee.

C

Name of Employer

County fo San Luis Obispo

Occupation

Librarian

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		30		2016

Transaction ID : SA11AI.4861

Amount of Each Receipt this Period

100.00

☒ Memo Item

Paid through NationBuilder

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

20.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 18 OF 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

Ostrander For Congress

Full Name (Last, First, Middle Initial)

John F. Plunkett

A.

Mailing Address 590 Vardon Ct.

City

Nipomo

State

CA

Zip Code

93444

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y
 06 25 2016

Transaction ID : SA11AI.4895

Amount of Each Receipt this Period

100.00

☐ Memo Item
 Contribution

Full Name (Last, First, Middle Initial)

Janice Powell

B.

Mailing Address 7162 Marymount Way

City

Goleta

State

CA

Zip Code

93117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y
 05 30 2016

Transaction ID : SA11AI.4865

Amount of Each Receipt this Period

25.00

☒ Memo Item
 Paid through NationBuilder

Full Name (Last, First, Middle Initial)

Thomas F. Rippner

C.

Mailing Address 6448 Squire Ct.

City

San Luis Obispo

State

CA

Zip Code

93401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lymburg Eye Surgery

Occupation

Optomologist

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2300.00

Date of Receipt

M M / D D / Y Y Y Y
 05 20 2016

Transaction ID : SA11AI.4836

Amount of Each Receipt this Period

500.00

☒ Memo Item
 Paid through NationBuilder

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

100.00

Diagram illustrating the arrangement of 15 numbered boxes in two rows:

- Top row: 11a, 11b, 11c, 11d, 15
- Bottom row: 12, 13a, 13b, 14, 15

Box 11a contains an 'X'.

NAME OF COMMITTEE (In Full)
Ostrander For Congress

MM / DD / YYYY


City	State	Zip Code
Atascadero	CA	93422

C

Occupation
Physician

Election Cycle-to-Date

25.00

 Memo Item
Paid through NationBuilder

City	State	Zip Code
Atascadero	CA	93422

C

Occupation
Nurse

Election Cycle-to-Date

500.00

☒ Memo Item
Paid through NationBuilder

MM / DD / YYYY

City	State	Zip Code
Santa Maria	CA	93456

C

Occupation

Election Cycle-to-Date

150.00

x Memo Item
Paid through NationBuilder

0.00

[illegible]

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 20 OF 44

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Ostrander For Congress

Full Name (Last, First, Middle Initial)

A. Ron Tindall

Mailing Address 3405 Ardilla Rd.

City

Atascadero

State

CA

Zip Code

93422

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2788.62

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		04		2016

Transaction ID : SA11AI.4882

Amount of Each Receipt this Period

200.00

☒ Memo Item

Paid through NationBuilder

Full Name (Last, First, Middle Initial)

B. Erin Toyama

Mailing Address 1231 Southwood Dr.

City

San Luis Obispo

State

CA

Zip Code

93401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Caltrans

Occupation

Civil Engineer

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		30		2016

Transaction ID : SA11AI.4863

Amount of Each Receipt this Period

50.00

☒ Memo Item

Paid through NationBuilder

Full Name (Last, First, Middle Initial)

C. Unitemized Contribution

Mailing Address n/a

City

n/a

State

CA

Zip Code

00000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

110.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		22		2016

Transaction ID : SA11AI.4840

Amount of Each Receipt this Period

180.01

☒ Memo Item

Paid through ActBlue

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 21 OF 44

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Ostrander For Congress

Full Name (Last, First, Middle Initial)

Unitemized Contribution

A.

Mailing Address n/a

City

n/a

State

CA

Zip Code

00000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

110.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		23		2016

Transaction ID : SA11AI.4841

Amount of Each Receipt this Period

1.00

☒ Memo Item

Paid through NationBuilder

Full Name (Last, First, Middle Initial)

Unitemized Contribution

B.

Mailing Address n/a

City

n/a

State

CA

Zip Code

00000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

110.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		29		2016

Transaction ID : SA11AI.4860

Amount of Each Receipt this Period

79.95

☒ Memo Item

Paid through ActBlue

Full Name (Last, First, Middle Initial)

Unitemized Contribution

C.

Mailing Address n/a

City

n/a

State

CA

Zip Code

00000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

110.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		05		2016

Transaction ID : SA11AI.4889

Amount of Each Receipt this Period

59.49

☒ Memo Item

Paid through ActBlue

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 22 OF 44

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Ostrander For Congress

Full Name (Last, First, Middle Initial)

Unitemized Contribution

A.

Mailing Address n/a

City

n/a

State

CA

Zip Code

00000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

110.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		06		2016

Transaction ID : SA11AI.4892

Amount of Each Receipt this Period

3.22

☒ Memo Item
 Paid through ActBlue

Full Name (Last, First, Middle Initial)

Unitemized Contribution

B.

Mailing Address n/a

City

n/a

State

CA

Zip Code

00000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

110.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		11		2016

Transaction ID : SA11AI.4893

Amount of Each Receipt this Period

4.66

☒ Memo Item
 Paid through ActBlue

Full Name (Last, First, Middle Initial)

Unitemized Contribution

C.

Mailing Address n/a

City

n/a

State

CA

Zip Code

00000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

110.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		17		2016

Transaction ID : SA11AI.4894

Amount of Each Receipt this Period

9.86

☒ Memo Item
 Paid through ActBlue

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 23 OF 44

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Ostrander For Congress

Full Name (Last, First, Middle Initial)

Unitemized Contribution

A.

Mailing Address n/a

City

n/a

State

CA

Zip Code

00000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

110.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		25		2016

Transaction ID : SA11AI.4896

Amount of Each Receipt this Period

5.64

☒ Memo Item

Paid through ActBlue

Full Name (Last, First, Middle Initial)

Mary J Wood

B.

Mailing Address n/a

City

n/a

State

CA

Zip Code

00000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

n/a

n/a

Receipt For: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

60.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		02		2016

Transaction ID : SA11AI.4875

Amount of Each Receipt this Period

20.00

☒ Memo Item

Paid through Paypal

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

4580.83

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 OF 44

☐ 11a ☒ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Ostrander For Congress

A. Full Name (Last, First, Middle Initial) William Ostrander		Date of Receipt M M / D D / Y Y Y Y 06 / 06 / 2016	
Mailing Address 1996 Sycamore Canyon Rd.		Transaction ID : SA13A.4919	
City San Luis Obispo	State CA	Zip Code 93405	Amount of Each Receipt this Period 2900.00
FEC ID number of contributing federal political committee. C H6CA24287		<input type="checkbox"/> Memo Item <input type="checkbox"/> Personal Loan	
Name of Employer Ostrander Grass Hay	Occupation Farmer		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 19850.00		
B. Full Name (Last, First, Middle Initial) William Ostrander		Date of Receipt M M / D D / Y Y Y Y 06 / 06 / 2016	
Mailing Address 1996 Sycamore Canyon Rd.		Transaction ID : SA13A.4920	
City San Luis Obispo	State CA	Zip Code 93405	Amount of Each Receipt this Period 900.00
FEC ID number of contributing federal political committee. C H6CA24287		<input type="checkbox"/> Memo Item <input type="checkbox"/> Personal Loan	
Name of Employer Ostrander Grass Hay	Occupation Farmer		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 20750.00		
C. Full Name (Last, First, Middle Initial) William Ostrander		Date of Receipt M M / D D / Y Y Y Y 06 / 09 / 2016	
Mailing Address 1996 Sycamore Canyon Rd.		Transaction ID : SA13A.4921	
City San Luis Obispo	State CA	Zip Code 93405	Amount of Each Receipt this Period 750.00
FEC ID number of contributing federal political committee. C H6CA24287		<input type="checkbox"/> Memo Item <input type="checkbox"/> Personal Loan	
Name of Employer Ostrander Grass Hay	Occupation Farmer		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 21500.00		
SUBTOTAL of Receipts This Page (optional).....		4550.00	
TOTAL This Period (last page this line number only).....		4550.00	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Ostrander For Congress

Full Name (Last, First, Middle Initial)

A. ActBlue

Mailing Address PO Box 382110

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		22		2016

City	State	Zip Code
Cambridge	MA	02238-2110

Amount of Each Disbursement this Period

7.15

Purpose of Disbursement
Service Fee

001

☐ Memo Item

Candidate Name

William OstranderCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: CA District: 24

Transaction ID : SB17.4930

Full Name (Last, First, Middle Initial)

B. ActBlue

Mailing Address PO Box 382110

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		06		2016

City	State	Zip Code
Cambridge	MA	02238-2110

Amount of Each Disbursement this Period

7.17

Purpose of Disbursement
Service Fee

001

☐ Memo Item

Candidate Name

William OstranderCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: CA District: 24

Transaction ID : SB17.4931

Full Name (Last, First, Middle Initial)

C. ActBlue

Mailing Address PO Box 382110

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2016

City	State	Zip Code
Cambridge	MA	02238-2110

Amount of Each Disbursement this Period

2.40

Purpose of Disbursement
Service Fee

001

☐ Memo Item

Candidate Name

William OstranderCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: CA District: 24

Transaction ID : SB17.4932

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

16.72

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Ostrander For Congress

Full Name (Last, First, Middle Initial)

A. ActBlue

Mailing Address PO Box 382110

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		12		2016

City	State	Zip Code
Cambridge	MA	02238-2110

Amount of Each Disbursement this Period

0.19

Purpose of Disbursement
Service Fee

001

☐ Memo Item

Candidate Name

William OstranderCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: CA District: 24

Transaction ID : SB17.4933

Full Name (Last, First, Middle Initial)

B. ActBlue

Mailing Address PO Box 382110

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		15		2016

City	State	Zip Code
Cambridge	MA	02238-2110

Amount of Each Disbursement this Period

0.13

Purpose of Disbursement
Service Fee

001

☐ Memo Item

Candidate Name

William OstranderCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: CA District: 24

Transaction ID : SB17.4934

Full Name (Last, First, Middle Initial)

C. ActBlue

Mailing Address PO Box 382110

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		17		2016

City	State	Zip Code
Cambridge	MA	02238-2110

Amount of Each Disbursement this Period

1.51

Purpose of Disbursement
Service Fee

001

☐ Memo Item

Candidate Name

William OstranderCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: CA District: 24

Transaction ID : SB17.4935

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1.83

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 44

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Ostrander For Congress

Full Name (Last, First, Middle Initial)

A. ActBlue

Mailing Address PO Box 382110

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		26		2016

City	State	Zip Code
Cambridge	MA	02238-2110

Amount of Each Disbursement this Period

0.23

Purpose of Disbursement
Service Fee

001

☐ Memo Item

Transaction ID : SB17.4936

Candidate Name

William OstranderCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: CA District: 24

Full Name (Last, First, Middle Initial)

B. Christopher Bersbach

Mailing Address 537 May Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		14		2016

City	State	Zip Code
Arroyo Grande	CA	93420

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
License

001

☐ Memo Item

Transaction ID : SB17.4940

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. Central Coast Business Services, LLC

Mailing Address 793 Higuera St., Suite 15

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		27		2016

City	State	Zip Code
San Luis Obispo	CA	93401

Amount of Each Disbursement this Period

403.43

Purpose of Disbursement
Bookkeeping Services

001

☐ Memo Item

Transaction ID : SB17.4942

Candidate Name

William OstranderCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: CA District: 24

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

653.66

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 44

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Ostrander For Congress

Full Name (Last, First, Middle Initial)

A. Central Coast Business Services, LLC

Mailing Address 793 Higuera St., Suite 15

City	State	Zip Code
San Luis Obispo	CA	93401

Purpose of Disbursement
Bookkeeping Services

001

Candidate Name

William OstranderCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: CA District: 24

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		14		2016

Amount of Each Disbursement this Period

481.47

☐ Memo Item

Transaction ID : SB17.4943

Full Name (Last, First, Middle Initial)

B. Central Coast Business Services, LLC

Mailing Address 793 Higuera St., Suite 15

City	State	Zip Code
San Luis Obispo	CA	93401

Purpose of Disbursement
Bookkeeping Services

001

Candidate Name

William OstranderCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: CA District: 24

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2016

Amount of Each Disbursement this Period

127.45

☐ Memo Item

Transaction ID : SB17.4944

Full Name (Last, First, Middle Initial)

C. Crotty Consulting Inc.Mailing Address 8778 Spectrum Center Blvd.
Unit B141

City	State	Zip Code
San Diego	CA	92123

Purpose of Disbursement
Commission on Advertising

004

Candidate Name

William OstranderCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: CA District: 24

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		14		2016

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Transaction ID : SB17.4924

SUBTOTAL of Disbursements This Page (optional).....

1608.92

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 44

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Ostrander For Congress

Full Name (Last, First, Middle Initial)

A. CRS

Mailing Address 880 Via Esteban, Suite B

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		14		2016

City	State	Zip Code
San Luis Obispo	CA	93401

Amount of Each Disbursement this Period

Purpose of Disbursement
Printing

004

1419.40

☐ Memo Item

Transaction ID : SB17.4945

Candidate Name

William OstranderCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: CA District: 24

Full Name (Last, First, Middle Initial)

B. NationBuilder

Mailing Address 520 S. Grand Ave.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2016

City	State	Zip Code
Los Angeles	CA	90071

Amount of Each Disbursement this Period

Purpose of Disbursement
Service Fee

001

28.57

☐ Memo Item

Transaction ID : SB17.4925

Candidate Name

William OstranderCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: CA District: 24

Full Name (Last, First, Middle Initial)

C. NationBuilder

Mailing Address 520 S. Grand Ave.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		26		2016

City	State	Zip Code
Los Angeles	CA	90071

Amount of Each Disbursement this Period

Purpose of Disbursement
Service Fee

001

24.97

☐ Memo Item

Transaction ID : SB17.4926

Candidate Name

William OstranderCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: CA District: 24

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1472.94

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 44

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Ostrander For Congress

Full Name (Last, First, Middle Initial)

A. NationBuilder

Mailing Address 520 S. Grand Ave.

City	State	Zip Code
Los Angeles	CA	90071

Purpose of Disbursement
Service Fee

001

Candidate Name

William OstranderCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: CA District: 24

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2016

Amount of Each Disbursement this Period

16.22

☐ Memo Item

Transaction ID : SB17.4927

B. NationBuilder

Mailing Address 520 S. Grand Ave.

City	State	Zip Code
Los Angeles	CA	90071

Purpose of Disbursement
Service Fee

001

Candidate Name

William OstranderCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: CA District: 24

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2016

Amount of Each Disbursement this Period

84.97

☐ Memo Item

Transaction ID : SB17.4928

C. NationBuilder

Mailing Address 520 S. Grand Ave.

City	State	Zip Code
Los Angeles	CA	90071

Purpose of Disbursement
Online engine fee

003

Candidate Name

William OstranderCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: CA District: 24

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2016

Amount of Each Disbursement this Period

149.00

☐ Memo Item

Transaction ID : SB17.4948

SUBTOTAL of Disbursements This Page (optional).....

250.19

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 44

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Ostrander For Congress

Full Name (Last, First, Middle Initial)

A. NationBuilder

Mailing Address 520 S. Grand Ave.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2016

City	State	Zip Code
Los Angeles	CA	90071

Amount of Each Disbursement this Period

12.03

Purpose of Disbursement
Service Fee

001

☐ Memo Item

Transaction ID : SB17.4929

Candidate Name

William OstranderCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: CA District: 24

Full Name (Last, First, Middle Initial)

B. Political Data Inc.Mailing Address 12501 Imperial Highway
Suite 200

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		27		2016

City	State	Zip Code
Norwalk	CA	90650

Amount of Each Disbursement this Period

309.74

Purpose of Disbursement
Online Software

003

☐ Memo Item

Transaction ID : SB17.4946

Candidate Name

William OstranderCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: CA District: 24

Full Name (Last, First, Middle Initial)

C. Political Data Inc.Mailing Address 12501 Imperial Highway
Suite 200

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		14		2016

City	State	Zip Code
Norwalk	CA	90650

Amount of Each Disbursement this Period

224.63

Purpose of Disbursement
Online Software

003

☐ Memo Item

Transaction ID : SB17.4947

Candidate Name

William OstranderCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: CA District: 24

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

546.40

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 44

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Ostrander For Congress

Full Name (Last, First, Middle Initial)

A. Spectrum Reach

Mailing Address PO Box 957926

City	State	Zip Code
St. Louis	MO	63195

Purpose of Disbursement
Advertising

004

Category/
Type

Candidate Name

William Ostrander

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: CA

District: 24

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		25		2016

Amount of Each Disbursement this Period

3933.80

☐ Memo Item

Transaction ID : SB17.4923

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....

3933.80

TOTAL This Period (last page this line number only).....

8484.46

SCHEDULE C (FEC Form 3)
LOANS

PAGE 33 OF 44

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Ostrander For Congress

Transaction ID : SC/10.4342

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

William Ostrander

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
1996 Sycamore Canyon Rd.

City	State	ZIP Code
San Luis Obispo	CA	93405

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="1350.00"/>	<input type="text" value="0.00"/>	<input type="text" value="1350.00"/>

TERMS

Date Incurred

 / /

Date Due

 / /

Interest Rate

 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 34 OF 44

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Ostrander For Congress

Transaction ID : SC/10.4525

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

William Ostrander

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
1996 Sycamore Canyon Rd.

City	State	ZIP Code
San Luis Obispo	CA	93405

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="2000.00"/>	<input type="text" value="0.00"/>	<input type="text" value="2000.00"/>

TERMS

Date Incurred

 / /

Date Due

 / /

Interest Rate

 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 35 OF 44

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Ostrander For Congress

Transaction ID : SC/10.4529

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

William Ostrander

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
1996 Sycamore Canyon Rd.

City	State	ZIP Code
San Luis Obispo	CA	93405

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="7500.00"/>	<input type="text" value="0.00"/>	<input type="text" value="7500.00"/>

TERMS

Date Incurred

 / /

Date Due

 / /

Interest Rate

 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 36 OF 44

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Ostrander For Congress

Transaction ID : SC/10.4530

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

William Ostrander

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
1996 Sycamore Canyon Rd.

City	State	ZIP Code
San Luis Obispo	CA	93405

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	0.00	2000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 23 / Y 2016 Y	M M / D D / Y none Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... ►

2000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 37 OF 44

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Ostrander For Congress

Transaction ID : SC/10.4769

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

William Ostrander

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
1996 Sycamore Canyon Rd.

City	State	ZIP Code
San Luis Obispo	CA	93405

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="2100.00"/>	<input type="text" value="0.00"/>	<input type="text" value="2100.00"/>

TERMS

Date Incurred

 / /

Date Due

 / /

Interest Rate

 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 38 OF 44

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Ostrander For Congress

Transaction ID : SC/10.4770

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

William Ostrander

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
1996 Sycamore Canyon Rd.

City	State	ZIP Code
San Luis Obispo	CA	93405

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="1500.00"/>	<input type="text" value="0.00"/>	<input type="text" value="1500.00"/>

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text" value="05"/> / <input type="text" value="18"/> / <input type="text" value="2016"/>	<input type="text" value="none"/>	<input type="text" value="0.00"/> % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value=""/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value=""/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value=""/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value=""/>

SUBTOTALS This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

<input type="text" value="1500.00"/>
<input type="text" value=""/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 39 OF 44

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Ostrander For Congress

Transaction ID : SC/10.4919

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

William Ostrander

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
1996 Sycamore Canyon Rd.

City	State	ZIP Code
San Luis Obispo	CA	93405

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2900.00	0.00	2900.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
06 / 06 / 2016

Date Due

M M / D D / Y Y Y Y
none

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... ►

2900.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 40 OF 44

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Ostrander For Congress

Transaction ID : SC/10.4920

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

William Ostrander

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
1996 Sycamore Canyon Rd.

City	State	ZIP Code
San Luis Obispo	CA	93405

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="900.00"/>	<input type="text" value="0.00"/>	<input type="text" value="900.00"/>

TERMS

Date Incurred

 / /

Date Due

 / /

Interest Rate

 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value=""/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value=""/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value=""/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value=""/>

SUBTOTALS This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 41 OF 44

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Ostrander For Congress

Transaction ID : SC/10.4921

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item**William Ostrander**

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
1996 Sycamore Canyon Rd.

City	State	ZIP Code
San Luis Obispo	CA	93405

Original Amount of Loan

750.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

750.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
06 / 09 / 2016

Date Due

M M / D D / Y Y Y Y
none

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City	State	ZIP Code
------	-------	----------

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City	State	ZIP Code
------	-------	----------

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City	State	ZIP Code
------	-------	----------

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City	State	ZIP Code
------	-------	----------

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

750.00

TOTALS This Period (last page in this line only)..... ►

21000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3) **LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Supplementary for
Information found on
Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) Ostrander For Congress		Transaction ID : SC/10.4919.SC1		FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00575696 </div>	
LENDING INSTITUTION (LENDER) Full Name William Ostrander - Personal Funds		Amount of Loan <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2000.00 </div>		Interest Rate (APR) <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div> %	
Mailing Address 1996 Sycamore Canyon Rd.		Date Incurred or Established <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">03</div></div> <div><div style="border: 1px solid black; padding: 2px;">23</div></div> <div><div style="border: 1px solid black; padding: 2px;">2016</div></div> </div>		Date Due <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">none</div></div> </div>	
City State Zip Code San Luis Obispo CA 93405		Back Ref SC/10.4919			
A. Has loan been restructured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;"> </div></div> <div><div style="border: 1px solid black; padding: 2px;"> </div></div> <div><div style="border: 1px solid black; padding: 2px;"> </div></div> </div> </div>					
B. If line of credit, Amount of this Draw: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;"> </div></div> <div><div style="border: 1px solid black; padding: 2px;"> </div></div> <div><div style="border: 1px solid black; padding: 2px;"> </div></div> </div> </div> Total Outstanding Balance: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;"> </div></div> <div><div style="border: 1px solid black; padding: 2px;"> </div></div> <div><div style="border: 1px solid black; padding: 2px;"> </div></div> </div> </div>					
C. Are other parties secondarily liable for the debt incurred? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)					
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____ <div style="float: right; width: 30%;"> What is the value of this collateral? <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;"> </div></div> <div><div style="border: 1px solid black; padding: 2px;"> </div></div> <div><div style="border: 1px solid black; padding: 2px;"> </div></div> </div> </div> Does the lender have a perfected security interest in it? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes </div>					
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____ <div style="float: right; width: 30%;"> What is the estimated value? <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;"> </div></div> <div><div style="border: 1px solid black; padding: 2px;"> </div></div> <div><div style="border: 1px solid black; padding: 2px;"> </div></div> </div> </div> </div>					
<div style="display: flex;"> <div style="flex: 1;"> A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;"> </div></div> <div><div style="border: 1px solid black; padding: 2px;"> </div></div> <div><div style="border: 1px solid black; padding: 2px;"> </div></div> </div> </div> <div style="flex: 1;"> Location of account: Address: City, State, Zip: _____ </div> </div>					
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.					
G. COMMITTEE TREASURER Typed Name Joni Marie Martinez Signature _____				DATE <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">07</div></div> <div><div style="border: 1px solid black; padding: 2px;">14</div></div> <div><div style="border: 1px solid black; padding: 2px;">2016</div></div> </div>	
H. Attach a signed copy of the loan agreement.					
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.					
AUTHORIZED REPRESENTATIVE Typed Name Joni Marie Martinez Signature Joni Marie Martinez				DATE <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">03</div></div> <div><div style="border: 1px solid black; padding: 2px;">23</div></div> <div><div style="border: 1px solid black; padding: 2px;">2016</div></div> </div>	
Title Treasurer					

SCHEDULE C-1 (FEC Form 3) **LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Supplementary for
Information found on
Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) Ostrander For Congress		Transaction ID : SC/10.4920.SC1		FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00575696 </div>	
LENDING INSTITUTION (LENDER) Full Name William Ostrander - Personal Funds		Amount of Loan <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2000.00 </div>		Interest Rate (APR) <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div> %	
Mailing Address 1996 Sycamore Canyon Rd.		Date Incurred or Established <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">23</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>		Date Due <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;">none</div> </div>	
City San Luis Obispo		State CA		Zip Code 93405	
		Back Ref SC/10.4920			
A. Has loan been restructured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>					
B. If line of credit, Amount of this Draw: <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> Total Outstanding Balance: <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>					
C. Are other parties secondarily liable for the debt incurred? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)					
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____ <div style="float: right; width: 30%;"> What is the value of this collateral? <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div> Does the lender have a perfected security interest in it? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes </div>					
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____ <div style="float: right; width: 30%;"> What is the estimated value? <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div> </div>					
<div style="display: flex;"> <div style="flex: 1;"> A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M</div> <div style="border: 1px solid black; padding: 2px;">D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y</div> </div> </div> <div style="flex: 1;"> Location of account: Address: City, State, Zip: _____ </div> </div>					
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.					
G. COMMITTEE TREASURER Typed Name Joni Marie Martinez Signature _____				DATE <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">07</div> <div style="border: 1px solid black; padding: 2px;">14</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	
H. Attach a signed copy of the loan agreement.					
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.					
AUTHORIZED REPRESENTATIVE Typed Name Joni Marie Martinez Signature Joni Marie Martinez				DATE <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">23</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	
Title Treasurer					

SCHEDULE C-1 (FEC Form 3) **LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Supplementary for
Information found on
Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) Ostrander For Congress		Transaction ID : SC/10.4921.SC1		FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00575696 </div>	
LENDING INSTITUTION (LENDER) Full Name William Ostrander - Personal Funds		Amount of Loan <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2000.00 </div>		Interest Rate (APR) <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 % </div>	
Mailing Address 1996 Sycamore Canyon Rd.		Date Incurred or Established <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">03</div></div> <div><div style="border: 1px solid black; padding: 2px;">23</div></div> <div><div style="border: 1px solid black; padding: 2px;">2016</div></div> </div>		Date Due <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">none</div></div> </div>	
City State Zip Code San Luis Obispo CA 93405		Back Ref SC/10.4921			
A. Has loan been restructured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;"></div></div> <div><div style="border: 1px solid black; padding: 2px;"></div></div> <div><div style="border: 1px solid black; padding: 2px;"></div></div> </div> </div>					
B. If line of credit, Amount of this Draw: <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> Total Outstanding Balance: <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>					
C. Are other parties secondarily liable for the debt incurred? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)					
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____ <div style="float: right; width: 30%;"> What is the value of this collateral? <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div> </div> <div style="clear: both;"></div> Does the lender have a perfected security interest in it? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____ <div style="float: right; width: 30%;"> What is the estimated value? <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div> </div> <div style="clear: both;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;"></div></div> <div><div style="border: 1px solid black; padding: 2px;"></div></div> <div><div style="border: 1px solid black; padding: 2px;"></div></div> </div> </div> <div style="width: 50%;"> Location of account: Address: City, State, Zip: _____ </div> </div>					
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.					
G. COMMITTEE TREASURER Typed Name Joni Marie Martinez Signature _____				DATE <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">07</div></div> <div><div style="border: 1px solid black; padding: 2px;">14</div></div> <div><div style="border: 1px solid black; padding: 2px;">2016</div></div> </div>	
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AUTHORIZED REPRESENTATIVE Typed Name Joni Marie Martinez Signature <i>Joni Marie Martinez</i>				DATE <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">03</div></div> <div><div style="border: 1px solid black; padding: 2px;">23</div></div> <div><div style="border: 1px solid black; padding: 2px;">2016</div></div> </div>	
Title Treasurer					